

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TG		9/4/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.S	866	10-15-01
RESPONSE FORMALITY REVIEW	M.D.	625	11-17-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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If more than 150 claims or 10 actions
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